

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Kaufman

Respondent Name

East Tx Educational Ins Assn

MFDR Tracking Number

M4-22-0140-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

September 23, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2020	97116	\$466.50	\$0.00
March 2, 2020	97140	\$304.50	\$0.00
March 4, 2020	97110	\$676.00	\$0.00
March 4, 2020	97140	\$152.25	\$0.00
March 6, 2020	97140	\$304.50	\$0.00
Total		\$1,903.75	\$0.00

Requestor's Position

We have found in this audit you have not paid what we determine is the correct allowable per the new fee schedule that took effect in March of 2008 for this outpatient treatment, it has been denied for no authorization. These service were authorized and that was proven in our appeal with the authorization letter. The only excluded code was not billed however the carrier continues to deny this bill.

Amount in Dispute: \$1,903.75

Respondent's Position

It is our position that services denied based on lack of Preauthorization was correct, and no further reimbursement would be due.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 721 – Per Rule 134.600 of the Texas Administrative Code this procedure requires preauthorization. Preauthorization was not obtained.
- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking reimbursement of outpatient physical therapy. 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision

on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

Review of the submitted documentation found insufficient evidence that an exception described above exists.

The dates of the service in dispute are March 2, 4, and 6th, 2020. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 23, 2021. This request for MFDR was not submitted timely. The requestor has waived the right to medical fee dispute resolution.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	November 17, 2021
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a**

copy of the *Medical Fee Dispute Resolution Findings and Decision* with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.